t, F FRED R RIPPY INC SiteID: 019-999-005309 a Location: 12471 E WASHINGTON BLVD Bus. Phone: (310) 698-9801 Community: WHITTIER - 069 city : WHITTIER State: CA Mail: 12471 E WASHINGTON BLVD 90602-City: WHITTIER Zip: Owner: FRANCINE RIPPY Phone: (State: Addrs: Zip: City: Dunn/Brad: Parcel ID: METAL STAMPINGS NEC Last Inv.: 202361H SqFt: SIC: 3469 Your Activity Code: Last P.O.: = Regulatory Programs Fee Groups == E: F: A: **B**: C: D: G: H:01 I: J: K: L: M:03 W: **Y:** N: 0: P: 0: R: S: T: U: V: **X**: Z: = General Tracking Information = Unmanned: 28276 On: 01/06/97 By: MOSS District: Division: 4 Battalion: 8 Insp. Uni: A-4 Inspector: 46 Station: 28 = Tracking Milestones === **RMP** District Offices Business Plan/Inventory

New BP Issued:: 11/01/97 Rept Year:: ľ CENTRAL: / __/ BP Accepted:: 01/08/99 RS Received:: EL MONTE: 1 1 BP Rejected:: 06/16/98 Former:: LOMITA: Request RMPP:: BP Received:: 01/08/99 METRO: INV Rejected:: / / RMPP 1:: / / PARAMOUNT: 07/21/98 RMPP 2:: SYLMAR: / / INV Accepted:: 04/14/00 INV Received:: 12/23/99 Audit/Inspect:: Corrections Other Disclosures Current Data Entry BP/INV C Maild: / / BP RPT YEAR: 01/01/98 ADMN Data: 03/30/88 BP Corr Rec'd: Data Edited: 05/25/00 INV RPT YEAR: 01/01/99 __/ Final Notice: / INSPECTED: / / Data Printed: 03/06/00 RS Corr Mailed: ANNUAL CERT: 12/23/99 EMRS Data: / / Data Edited: 05/25/00 Data Printed: 08/16/94 RS Corr Rec'd: OES (2730): 01/08/99 Inv Corr Rec'd: MSDS: / / Data Printed: 08/16/94 BLANK: / /

3544 174810 Public Health License SIC Acct # 27 101 Eff date Empl Fee FRED R RIPPY INC DBA 12471 E Begin End Frc ♦ WASHINGTON BLStreet name typ ♦ WHI 90602-Unit City ZIP Corp ID Site phone Owner phone FRED R RIPPY INC Owner Control # Partner X095635 Care of 12471 E WASHINGTON BLV WHITTIER CA 90602-Mailing address City State ZIP Editing Public Health License Enter SIC code 3544 174810 Public Health License SIC Acct # 05/25/00 27 101 Eff date Empl Fee FRED R RIPPY INC DBA 12471 Begin End Frc ♦ WASHINGTON BLStreet name typ WHI 90602-Unit City ZIP Corp ID 310/698-9801 Site phone Owner phone FRANCINE RIPPY Owner Control # Partner X095635 Care of 12471 E WASHINGTON BLV WHITTIER CA 90602-Mailing address City State ZIP

Editing Public Health License Press Esc to abort F2 to save Enter SIC code





HEALTH HAZARDOUS MATERIALS DIVISION

5825 Rickenbacker Road, Commerce, CA 90040

HAZARDOUS MATERIALS STATE REPORTING FORMS

Attached are your Hazardous Materials Reporting forms. It is your responsibility to see that these forms are completed and returned to this Department on or before December 31. Failure to complete or return these forms by December 31, will result in fines and penalties. If you require assistance in completing these forms, please feel free to contact the Los Angeles County Fire Department, Health Hazardous Materials Division, Data Operations Unit at (323) 890-4000, Monday through Friday 9:00 a.m. to 3:00 p.m.

In an effort to avoid any confusion or penalties levied on your business, this Department recommends you use CERTIFIED MAIL to ensure safe delivery of these forms before the December 31 deadline.

ANNUAL RE-CERTIFICATION PROCEDURE

infor and	ched to this re-certification form is this Department's latest computer print-out of your chemical rmation. Carefully review and correct any information which may be incorrect or obsolete by crossing-out writing in the changes. Check the appropriate box below after reviewing the computer print-out which most esponds to your facility's information.
	Delete: If you no longer handle the chemical(s) listed on our chemical inventory computer print-out WRITE DELETE across the chemical information computer print-out(s) which have been discontinued.
i	Add: If you are handling new chemical(s) not previously disclosed. MAKE COPIES AND COMPLETE al information on the Chemical Description form. If necessary complete Regulated Substance Registration form (one form per chemical).
(Revise/Update: If there are a few corrections to be made, cross out errors and clearly print the corrections directly onto the computer print-out. These corrections should be clearly identified on the attached chemical inventory print-out.
	No Change: If there are no changes to the current inventory, the computer printout is correct.
3	Regulated Substance Registration: If you are handling a Regulated Substance not previously disclosed, you must COMPLETE the Regulated Substance Registration form. This Department has provided a list of Regulated Substances for your review.
	ANNUAL CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete. Enclosed is our chemical inventory.

CARRIE J. SAFIAN Print Name of Document Preparer

FRANCINE RIPPY Print Name of Owner/Operator

ddress

Signature of Owner/Operato

019-999-005309 FRED R RIPPY INC 12471 E WASHINGTON BLVDEC 2 3 1999 12471 E. WASHINGTON BLVD, WHITTIER

CALIFORNIA BUSINESS & OWNER/OPERATOR IDENTIFICATION PAGE

CALENDAR YEAR BEGINNING (19) [01/01/1998] ENI	
BUSINESS NAME (3) [FRED R RIPPY INC] BUSINESS PHONE (22) [(310) 698-9801]
SITE ADDRESS (23) [12471 E WASHINGTON BLVD CITY (24) [WHITTIER]	[GA] FID (25) [00602 1
	STATE [CA] ZIP (25) [90602]
DUN & BRADST. (26) [] OPERATOR NAME (29) [
OPERATOR NAME (25)] OPERATOR PHONE (30) [(562) 698-9801]
OWNER INFOR	MATION
OWNER NAME (31) [FRANCINE RIPPY] OWNER PHONE (32) [() -]
OWNER MAILING ADDRESS (33) []
CITY (34) [STATE	35) [] ZIP (36) []
ENVIRONMENTAL CO	NTACT
CONTACT NAME (37)[] CONTACT PHONE (38) [() -]
MAILING ADRESS (39) [12471 E WASHINGTON BLVD]
CITY (40) [WHITTIER] STATE	E (41) [CA] ZIP (42) [90602]
PRIMARY EMERGENCY	CONTACTS SECONDARY
BUSINESS PHONE (45) [(320) 698-9801] 24-HOUR PHONE (46) Exemption 6: Privacy	NAME (48) [FRANCINE RIPPY] TITLE (49) [OWNER] BUSINESS PHONE (50) [(562) 698-9801] 24-HOUR PHONE (51) Exemption 6: Privacy PAGER # (52) [() -]
REGULATED SUBST	'ANCES (RS)
ON SITE RS (5) [NO]	PACES (NO)
ADDITIONAL LOCALLY	COLLECTED INFORMATION
(53)	
ASSESSOR'S PARCEL NUMBER -	- FOR OFFICIAL USE ONLY
	ID #
Certification: I certify under penalty of law	
familiar with the information submitted in the true, accurate and complete.	
Print Name of Document Preparer (54) [CARRIE	SAFIAN 1
Signature of Owner/Operator (55) [Trans	

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STORAGE TEMPERATURE	(80)	[Ambien	t]													
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